V. S. No. 1

CEDTICICATE OF DEATH CTATE OF MADVI AND

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	16001
county Caroline	Registration Dist. No. 6/
(4	
Village or City Archiverono (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME William Henry	Clark
(a) Residence: No. Greensboro	St Ward.
(d) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	Dec 77, 193 6
5a. if married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Jaa Clark	22. OI HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 13-1867	last saw has alive on Wee 27 _ 1936: death is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 2 _ m,
1 / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	wera as follows: Date of onse
kind of profession, or particular	
SAWYER, BOOKKEEPER, etc	(1)
work was done, as SILK MILL, Dearday House	oronauf humbras 12
10. Date daceasad last worked at 11. Total time (years)	J
this occupation (month and spent in this occupation	
an Dipolitic Con City and City a	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John Clark	- Juffertunderth
13. NAME John Clark 14. BIRTHPLACE (city or town) (State or country)	
[14. BIRTHPLACE (city or town)]	Name of operation Data of
(otate of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Checca 2 terr d 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs ascar Scennamon	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Marcus Itook	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleca Denstoro Date Dec 20, 1926	Nature of Injury
19. UNDERTAKER Mrs. Roeph B Pritchett	24. Was disease or injury in any-way related to occupation of deceesed?
(Address) Grednetors, Maryland	If so, specify
30 3/15 m 10	(Signed) (Starte Attoughthe M
20. FILED Registrar.	(Address) freustres shed

If more blanks are needed, address State Registrar, 2411 N. Charle treet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory earlies of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1 week ago
Run over by street car 1 week ago
927 Peritonitis 3 days ago
Other contributory causes of importance: Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(3)
County Cawlung	Registration Dist. No. 6/
Village or City Science foro.	NoSt.,Wa
Length of rasidence in city or town where death occurred 12 vrs 2 mg	If death occurred in a hospital or institution, give its NAME instead of street and number) s / . 4 ds. How long in U.S. if of foreign birth?
2. FULL NAME Tohu Cohee	
	St. Ward.
(Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market Marke	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. AEREBY CERTIFY, That I attended deceased fr
(or) WIFE of Mrs. margret E. Cohec.	Nov. 20 1936 10 Dec/ 3 13
6. DATE OF BIRTH (month, day, and year) while 8, 1846	I last saw here alive on 143, deeth is sa
7. AGE Yeers Months Oays If LESS then I day,hrs.	to have occurred on the data stated above, at 4,300 m.
90 7 26 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Carfaculer SAWYER, BOOKKEEPER, etc.	Chronic Illpusille:
9. Industry or business in which	Duration 3 two years
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oata deceased last worked et this occupation month end this occupation month end occupation occupation occupation.	
year) occupation Do-12-	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country) Mary Land	Simila Carle Se Vas Cular Kukm
I 13. NAME William Cohee.	Charges
E	Name of operation Dete of
(State or country) Mary Land	Whet test confirmed diagnosis? Wes thara an aulopsy?
15. MAIDEN NAME Vaucy Stokes	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country) Maryland.	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT MIS, margite Cohee.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Mreus Haro Md. 18. BURIAL, CREMATION, OR REMOVAL	
Place Greens bus md Oats Deo. 6 1936	Manner of injury
19. UNDERTAKER R. B. Rawlings.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Arreus too ma	If so, specify (Signad) A Secure
20. FILED DE 3 , 703 Q, A Mas Tapper.	(Address) Golds mo
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. 9. V

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis + :	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
W. N.E.A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

item of infor-	should state	of OCCUPA.	
T RECEAD. Every	Y. PHYSICIANS	Exact statement	
IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
DING INK-THIS	AGE should be	so that it may be I	ctions on back of c
JAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	v important. See instructions on back of certificate.
~ G.	70		

1	. PLACE OF	DEATH	OF MAR	YLAND-	CERTIFICATE OF DEATH 1238	53
	Village or Ci		death occurred_2	yrsmos	Registration Dist. No. 64 No. St., death occurred in a hospital or institution, give its NAME instead of street and number and summer of the street and number of the str	er) ds.
2		ME Isaac We e: No.Federals			St., Ward. If nonresident give city or town and State	
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male	4. COLOR OR RACE White		RIED, WIDOWED, (write the word) Wed	21. DATE OF DEATH December 13 (Month) (Day) (Day)	6 Year)
	If married, widowe HUSBAND of (or) WIFE of	ed, or divorced Elizabetl month, day, and year)			22. HEREBY CERTIFY, That I attended decaal 4/2 / 3, 10 / 2/3	
	AGE Year	s Months	Days 10	If LESS than 1 day,his. orniin.	to have occurred on the date stated above, at 10.30 mg. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	e ot onset
8. Trade, profassion, or particular kind of work done, as SPINNER, Retired Farmer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occased in this companion (mark) and the			Retired	Farmer	Chiane thy reachts 19	30
220	10. Data decease	d last worked at ation (month and) 777	11. Total ti sper occu	me (yaars) It in this Life	- Congratu Declares	کیک
12. BIRTHPLACE (city or town) Caroline County (State or country) Maryland				ty	Other Contributory Causes of Importance:	
2	13. NAME	Busrod Coli	lins			
13. NAME Busrod Collins 14. BIRTHPLACE (city or town) Sussex County (State or country) Delaware			ssex Cou	nty	Name of operation Date of What test confirmed diagnosis? Was there an autops	y Zev
25	15. MAIDEN NAM	Margare	t Lowe		23. If death was due to external causes (VIOLENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MOTH	15. MAIDEN NAME Margaret Lowe 16. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland			County	Accident, suicide, or homicide? Date of Injury,	19
17.INFORMANT Miss Viola Collins (Address) Federalsburg, Maryland			Collins g, Maryl	and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	Place E.e.d.e.	on, or REMOVAL ralsburg,	Md Dete Dec.	16 ,1936	Mannar of Injury	,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address)

19. UNDERTAKER J. J. Framptom & Son (Addiess) Federalsburg, Maryland

24. Was disease or injury in any way related to occupation of deceased?.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 wcek ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

- 1	6 0	9	1	-8
1	1	. 5	A	4

1. PLACE OF DEATH	(97)
County Garolyul	Registration Dist. No. 66
1 //)	NoSt,Ward If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME darah Callis (a) Residence: No. Ridseles	If U. S. Veteran, specify WAR
(Ustral place of aborde)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Surale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Value V 1856	I last saw h 12 alive on 120, 20, 1936; deeth is sail
7. AGE Yeers Months Days If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of ensal
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arlerio Aclems 1926
SAW MILL, BANK, etc. 10. Dete decessed lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(Stete or country) La 13. NAME Lat Resolut.	-
14, BIRTHPLACE (city or town) (Stete or country)	Neme of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Zerras Schooklay (Address)	23. If deeth wes due to externel ceuses (ViOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, PREMATION, OR REMOVAL Date Delc. 24, 193	Manner of Injury
19. UNDERTAKER (Address) Dentys Ind	24. Was disease or injury in any way releted to occupation of deceased? If so, specify
20. FILED LEC 2 4, 19 3 6 Resistrat.	(Signed) M. (Address) Aleuted M.d.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 2 1937	July 5,1927	Peritonitis	3 days ago
OU THEAU Y S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		-
6	THE PARTY	4
No.	MI	
1	The same of the sa	4

should state of OCCUPA-

PHYSICIANS Exact statement IS A PERMANENT REC stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED WITH UNFADING INK-THIS pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	82-0		
County Caroline	Registration Dist. No.		
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dee 20", 193 (Yeer)		
5a. tf merried, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from 1936, to See 20, 19.36		
6. DATE OF BIRTH (month, day, and yeer) Jan. 31, 1884 7. AGE Yeers Months Days If LESS than 1 day,hrs. orhrs. ormin.	to heve occurred on the dete steted above, at		
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked et this occupation (month and yeer) occupation.	Cirebral Hemerrhog e 12-2		
12. BIRTHPLACE (city or town) Zeer Joseph Rily (State or country)	Dther Centributery Censes of Importance:		
13. NAME John Sumphey 14. BIRTHPLACE (city or town) hew York (State or country) hew York	Nama of operation		
15. MAIDEN NAME Mary Hogan 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Mary Hogan Thew York 17. INFORMANT Mary Hogan Thew York 18. Carroll	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL Plece Fally Grasa Date Dec. 22, 1930	Menner ol injury		
19. UNDERTAKER J. Viegil Errason (Address) 20. FILED 12 - 22, 1936 My & O Leasy &	24. Was disease or injury in any wey releted to occupetion of deceased? 220 If so, specify (Signed) (Address)		

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Balsimore, Requesting U. S. No. 2.

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Example I	11	Example II	- 9111
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS

should state of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

12386

1. PLACE O				(126)	Registration Di	et No 6	3
Village or (city Bethle	hem, Ma	(1)	NoNoNorpital or institution of the state of th	ution, give its NAME i	St.,	
2. FULL NA	ME William	H. Hard	ing				
(a) Residen		(Usual place		St.,Ward.	If nonresident giv	ve city or town as	nd State
PERSON	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL O	CERTIFICATE	OF DEATH	
3. SEX Male	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH	December (Month)	2 (Day)	, 193_6
5a. If married, widow HUSBAND of (or) WIFE of	wed. Marry E. H	arding			Y CERTIFY.	. Thet I attende	
7. AGE Ye	(month, dey, end year) ers Months 79 10 assion, or particular	Jan 21. Days 11	1857 If LESS than I day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA were as follows	Dec. Z ted abova, at 8:15	Pm. 19.3	G; death is seld
SAWYER 9. Industry or work was SAW MI 10. Date dacaes	work done, as SPINNER, R, BOOKKEPER, etc	spa	r ime (years) nt in this upetion 50				
12. BIRTIIPLACE (c (State or cou	,,	hlehem		Other Contributory Causes of Imp	portance:		
13. NAME	. H. Hardin	g					
	E (city or town)	Dorches	ter	Name of oparetion		Dete of.	
15. MAIDEN NAME Eliza Ann Willoughby 16. BIRTHPLACE (city or town) (Stete or country) 17. INFDRMANT Mary E. Harding (Address) Behlehem. Md.				23. If death was due to external confider, suicide, or homicide? Where did Injury occur?	Da (Specify city or to	n also the following te of Injury	ng: , 19
18. BURIAL, CREMA	tidn, or removal Easton <u>Ma</u>	,	,	Menner of Injury			
19. UNDERTAKER(Address)	W. H. Holl Preston		n	24. Was disease or injury in any If so, specify	way related to occupation	on of decaased?	mo.
20, FILED DATE	-5.1936 K	tras 13	Finnes	(Signad) (Address)	July	ek 2.	end M.D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	Example I	i	Example II	
Chronic interstitial acphritis	nce were as follows:		of importance were as follows:	Date of onset
Other contributory causes of importance: Other contributory causes of importance: Other contributory causes of importance:	stitial pephritis	1921	Run over by street car	1 week ago
Other contributory causes of importance: Other contributory causes of importance:	orrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Other contributory causes of importance:	H PHYCALL V. S.			
Cathallace			.0000 00	
Gallstones May 1,1923 Gastrocnteritis	ibutory causes of importance:		Other contributory causes of importance:	
		May 1,1923	Gastrocnteritis	1 year
(a)te				
LAGE.				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	HYSICIAN
---	----------

.e....

-WRITE PLAIN

1. PLACE OF DEATH	99
County Carry	Registration Dist. No. 66
Village or City Oude ely	No. St., Ward
	osds. How long in U.S. If of foreign birth?yrsmosds.
A 1 71 '41.	
01.1.7.1	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED WIDOWED. OR DIVORZED with the wild	21. DATE OF DEATH
Female B OR DIVORES TWO WOODS	Die 13 193 C
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of TAAR A. T.	22. HEREBY CERTIFY, Thet I ettended deceased from
martine Harling.	nov 15 ,1936, to Dec 10 ,1936
6. DATE OF BIRTH (month, day, and year) Not 6, 1846	I last saw h . et aliva on
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, etm.
93 / 7 1 day,hrs	THE PROPERTY CANDE OF DEATH CHU CHUSUS OF IMPORTANCE
9 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Deta deceased last workad at this occupation (month and specific profession).	
9. Industry or business in which work was dono, as SILK MILL, SAW MILL, BANK, etc.	Develity
SAW MILL, BANK, etc.	
	arterio-selerosis Intertion; not stated
year) 70% 1786 occupation 296	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Jamo Cerush	
13. NAME James Cerusale 14. BIRTHPLACE (city or town)	Neme of operation 70000 Dete of
(State or country) and,	What tast confirmed diagnosis? Clease Was there an autopsy?
15. MAIDEN NAME Leckerone	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide? Date of Injury19
E (State or country) Unknown	Where did injury occur?
17 INFORMANT Rosetta Sissili;	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Res bels Year	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Slav Ma Date 11/1 ,193(
BB Randings	24. Was disease or intervin any way related to occupation of deceased?
19. UNDERTAKER (Address) Srees but	If so epetily
	(Signed) M. D. M.
20. FILED TEC 17, 19.36 Registrar.	(Address) here to he
	17, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 2 7007			
Other contributory causes of importance:	4 00 00 00 00 00 00 00 00 00 00 00 00 00	Other contributory causes of importance:	II 70 La 15
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ciassit If death occurred in St: Ward) a hospital or institulon, give its NAME inma Kumamo -tead of street mumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 1 COLOR OR RACE | 5 SINGLE. (Month) may I HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH that that I jast saw hat alive on (Month) (Day) and that death occurred on the date stated above, at ... Q m. 0 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. terms ds. or ... min. ?yrs......mos..... 8 OCCUPATION (a) Trade, profession or ain particular kind of work...... (b) General nature of industry 0 business, or establishment in (Duration)yrs.....mos.... which employed or (employer)..... Contributory 9 BIRTHPLACE Very 10 NAME OF 0 -*State the Disease Causing Death, or, in deaths from 0 2 Violent Causes, state (1) Means of Injury: and (2) whether (State or countr Accidental, Suicidal or Ilomicidal 00 0 state c 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) BIRTHPLACE OF MOTHER 13 BIRTHPI In the 000 At place State, yrs. mos. de of death yrs. mos..... da. (State or country) O Every item of CIANS should statement of Where was disease contracted, TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?..... usual residence. DATE OF BURIA LACE OF BURIAL OR REMOVAL DORESS " more blanks are needed, address State Registral, 16 W. Saratoka St., Balto., Requesting V. S No. 1.

BINDING

RESERVED

ARGIN



(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., (a) Foremun. (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on 6 yrs.). For persons who have no occupation without more precise specification as Day -Coal mine, etc. Wom-But in many

Bitacement of Cause of Death—Name, first, the prise causing death (the primary affection with respect to time and education), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"):

ary), 10 ds. Never report mere symptoms or terminal nse of "Tumor" for malignant neoplasms); Measles; (marne origin; "Cancer" is less definite; avoid mgcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mensymptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory quences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on staterhage," "lnanition." "Marasmus," "Old Age," ment, of cause of death approved by Committee ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental decorning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal septicuemia," "Puerperal peritonitis," diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." (secondary or Whooping Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile" etc.), cough; intercurrent) affection need Chronic valvular heart discase; "Anaemia" "Coma," (disease (second-(merely not be Shock," demor-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1		Caro	line				Registration Dist. No. 6	3
Village or City Preston, (Out-side)						No.	St.	,Ward
Langth of residence in city or town where death occurred						. 17 ds. How long In U.S. if of	foreign birth?yrs	mosds.
2. FULL NAME Mildred Teresa Murray,								
	(a) Reside	nce: No	Presto	On Md.	R.F.D.	St.,Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS							RTIFICATE OF DEAT	Н
					ED (write the word)	21. DATE OF DEATH	December, 5th	., 1936 (Yaar)
5e.	If merried, wido HUSBAND of (or) WIFE of	wed, or divor	ced	59219		22. I HEREBY	CERTIFY, That I atter	nded deceased from
6 1	ATE OF BIRTH	(month day	and year)	Jan. I8	th. 1932	1 last saw h_ Cr alive onL		
7. /	GE Ye	ars	Months IO	Days I7	If LESS than I day,hrs. ormin,	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATI	above, at 3-55-Am. M.	Date of enset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc						Pregnamin B acidovia mot due		10 12 413 h
10. Data daceased last worked at this occupation (month end yaar)				11. Total spe occ	time (years) ent in this cupation	fluiday and great L Other Contributory Causes of impor		di l
12. BIRTHPLACE (city or town)					Md.	Acidosio 1		
Wilbert M. Murray,						***************************************		
14. BIRTHPLACE (city or town). Garoline Co. (State or country) Md. 15. MAIDEN NAME Martha Jones. 16. BIRTHPLACE (city or town). Garoline Co. (State or country) Md.						Name of operation		
						Accident, sulcide, or homicide?		
17.	INFORMANT (Addrass)			a Murra		Specify whether injury occurred in	INDUSTRY, In HOME, or In PUBLI	C PLACE.
18.	Place S				.6",1936		b	
19.	UNDERTAKER _ (Address)			otom &	Son.	24. Was diseasa or injury In any wa	y related to occupation of deceased	7. No
20.	FILED DA	25, 1	36.6h	84 B. F.	amion	(Signed) Hundy	in Maryland	

FOR BINDING

MARGIN RESERVED

V. S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S.	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:	ž.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A- te	STATE OF MARYLAND	CERTIFICATE OF DEATH		
infor- state UPA-	1. PLACE OF DEATH	(3)		
F 3	County Caroline	Registration Dist. No.	2	
item of should of OCC	Willow or City and an entry new Delay	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward number)	
. 70	Length of residence In city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrs	mosds.	
AD. Every YSICIANS statement	2. FULL NAME HEARY Tilghoun Auttle	If U.S. Veteran specify WAR		
D. 1 SIC tate	(a) Residence: No.	St. Ward.		
	(Usual place of abode)	If nonresident give city or town an	ad State	
RECO. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE OR DIVORCED (rapite the word) While Color or RACE OR DIVORCED (rapite the word)			
BINDING ERMANEN EXACTI y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Smeak Fashing Louis			
IN KW	Chailman 1857	last saw h. Low alive on the 9 1930	6. death to sold	
	6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, at 225 m.		
FOR E IS A P stated properly ertificat	70 8 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance		
FO IS sta pro cert	8. Trade, profession, or particular	were as follows:	Date of onset	
HIS be be of	SAWYER, BOOKKEEPER, etc.	Vaidea Vasculus Vanal	**	
RVE ould may back	9: Industry or business In which work was done, as SILK MILL,	A :		
F-1 26 .E	SAW MILL, BANK, etc.	Acres	1934	
INI INI E sl	10. Date decessed last worked et this occupation (gonth and year)			
REG I AGE that	711 0	Other Coutributory Causes of Importance:		
RGIN RENFADING plied. AGI	12. BIRTHPLACE (city or town) Mary Land. (State or country)	*		
NFADI plied. rms, so	13. NAME Tilshwan Kulle	-		
4T: D. W	E 13. NAME / legimen reme			
M. TH. U. y sul ain t	14. BIRTHPLACE (city of town) Kells (State or country)	Neme of operation Dete of.		
		What test confirmed diagnosis?		
ref in in	<u>=</u>	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, sulcide, or homicide?	12	
ca Ca	16. BIRTHPLACE (city or town) (Stete or country)	Where did Injury occur?	, 17	
AINLY, di be car DEATH y import	Slave Author	(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	tate)	
	17. INFORMANT CAMPUS (Address) Carpus Ald	Specify whether injury occurred in INDUSTRY, in HOME, or in Public P	PLAUE.	
Should OF D. OF D. very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
	Place Loneard Mg Date Cal 12,1936	Nature of Injury.		
-WRIT mation CAUS	Pari Park	24. Was disease or Injury In any way related to occupation of deceased?	200	
TO H	19. UNDERTAKER WILLIAM (Address) Quiter med	If so, specify		
S B	20, FILED 12-11 1936 Om NO George	(Signed) Nawson O Logg	e M. D	

(Address)

Registrar.

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Example I	i i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEIDENT V. S.	>		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE O	aroline		11:0
1	ity Zear for	chuan	Registration Dist. No. No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NA (a) Residen	ME James	Richard Fagu	osds. How long In U.S. if of forolgn birth?mos If U.S. Veteran, specify WAR
		(Usual place of abode)	If nonresident give city or town and State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced		(Month) (Day) (Ye 22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH	(month, day, and year)	Sight 4" 36	
8 Trade profe	ssion, or particular	1 day,hrs	were as follows:
kind of v SAWYER 9. Industry or	vork done, as SPINNER, BOOKKEEPER, etc business in which s done, es SILK MILL, L, BANK, etc	fefant	7 ollnes - found cleat in ? Cat - Exact Cause mo?
10. Date deceas this occu year)	ed last worked et pation (month end	11. Total time (years) spent in this occupetion	Determ consisted probably influences County B.
12. BIRTHPLACE (ci		senton oryland	
13. NAME	Bechord	Parrous	
(State of		irgina	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?.
15. MAIDEN NA 16. BIRTHPLACE	(city or town)	Didew	23. If death was due to external ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
2 (State or 17. INFDRMANT (Address)	Bulland 1	arsono Frather	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFDRMANT O.Z. (Address) 18. BURIAL, CREMAT Place		Date State 8 19.3	Menner of injury
19. UNDERTAKER - (Address)	9.0.20	000	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED /2-	7 1936 /2	,00 Yours	(Signed Lewson) Leong a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis a 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ż

MARGIN RESERVED FOR BINDING

state

1. PLACE OF DEATH	CERTIFICATE OF BEATTI 12332
County Caraline	Registration Dist. No. 62
Village or City Dellaw	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whara daath occurredyrs,mos.	ds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME May Surfere	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
undrum	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / HEREBY CERTIFY, Jhat I attanded deceased from
(6) Wire of Jung Minefer	- Alla 4, 1936, to Nee 6, 196
6. DATE OF BIRTH (month, bay, and year) Lear, 3 my 1864	I last saw h Association dels 6 , 1936 ; daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Julio Celanio 1927+
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month and	allio Celano 1927±
work was dona, as SILK MILL, SAW MILL, BANK, etc	
- I about in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Hay Lake	
(State or country)	
13. NAME Truckel June Hur	
4 14. BIRTHPLACE (city or town) (Stata or country)	Name of oparation Date of
	What tast confirmed diagnosis? Was there an autopsy?
H	23. If daeth was due to external causes (VIOL ENCE) fill in also the following:
State or country)	Accidant, sulcida, or homicide? Date of Injury, 19
17. INFORMANT ZULES STAller Griffin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL CREMATION, OR REMOVAL	
Place Deulow Comp Date Dec 7 19 30	Nature of injury
19. UNDERTAKER J. V. Moora	24. Was disease or Injury in any way related to occupation of deceasad?
(Addrass)	If so, specify
20. FILED 12 - 9 1936 /m DO George	(Signed) M. D.
Registrar.	(Address)Allelon

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IAM 6 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR.

21. DATE OF DEATH

How long in U.S. if of foreign birth?______yrs.____mos.___

MEDICAL CERTIFICATE OF DEATH

(Month)

If nonresident give city or town and State

(Day)

(Year)

Date of onset

1	80.	1	18	
1	70	ñ.	13	
3	31	EB,	E	
- 2	Pipel	DEN	5	
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state

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statement

3. SEX

Village or City

(a) Residence: No.

5a. If married, widowed, or divorced HUSBAND of

PERSONAL AND STATISTICAL

4. COLOR OR RACE

PHYSICIANS Exact I classified. 5 properly may that 80 terms, plain DEATH

carefully pluods OF

22. CERTIFY. That I attended deceased from (or) WIFE of V × H 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Days If LESS than stated 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importanca or____min. 8. Trade, profassion, or particular kind of work done, as SPINNER, THIS OCCUPATION pe of SAWYER, BOOKKEEPER, etc back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... plnods no 10. Data deceased last worked at 11. Total tima (yaars) spent in this this occupation (month and occupation. year) Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14, BIRTHPLACE (city or town) Name of operation ____ (State or country) What test confirmed diagnosis? OTHER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?______ Date of Injury______19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? LO 19. UNDERTAKER (Address) If so, specify B (Signed) (Addrass) ... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

PARTICULARS

OR DIVORCED (write the word)

5. SINGLE, MARRIED, WIDOWED,

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEME	ENTS BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH occi County Caura pluods Registration Dist. No. Village or City__ JO death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos.____ds. PHYSICIANS Length of residence in city or town statement WAS. Veteran, specify WAR____ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) Zu. warres (Month) (Day) (Year) 5a. If married, widowed, or divorcad BINDIN HUSBAND of HEREBY CERTIFY. That I attended deceased from 22. (or) WHEE OF 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Bavs If LESS than to have occurred on the date stated above, at all I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onsel 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER ARGIN RESERVED be SAWYER, BOOKKEEPER, etc .. /-/- 436 may 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total tima (years) spent in this this occupation (month and that year) _____ occupation. instructions Other Contributory Causes of importanca: 08 12, BIRTHPLACE (city or town) (Stata or country) 13. NAME FATHE Name of operation____ 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important 23. If death was dua to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide? OF DEATH 16. BIRTHPLACE (city or town! (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury AUSE TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3131 2 1937			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4.0

STATE OF MARYLAND-CERTIFICATE OF DEATH PHYSICIANS should state OCCUPA-

1. PLACE OF DEATH	100
County Ook Caroline	Registration Dist. No. 6/
Village or City / fillsboro	No. St., War
2	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidenca In city or town where deeth occurredyrs	mosds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME / allean 13 Spark	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the w	word) du sunte. 2/ 1006
Se. It merried, widowed, or divorced HUSBAND of (oc) WIFE of Municipal Sphoeles	22. HEREBY CERTIFY, That I attended decessed fro
6. DATE OF BIRTH (month, day, end yeer) Sept 15-17	85/ flast saw ham elive on Alac 23, 1934; death is sa
7. AGE Yaars Months Days If LESS	4 7 4
85 3 1/2 1 dey,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or perticular	min. Wera as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Defa deceased last worked at this occurretion (month and	artino tellinis 1920
9. Industry or business in which	1.4
work was done, as SILK MILL, SAW MILL, BANK, etc	
2 i suis occupation (month and	
year)occupation	Other Ceatributery Causes of Importence:
12. BIRTHPLACE (city or town) Seedleesville	
(State or country) Tuagey loud	
13. NAME Jescel Starles	
13. NAME Les septe Sparfes 14. BIRTHPLACE (obs or town)	Nama of operation
(State or country)	Whet test confirmed diegnosis? Was there an eu!opsy?
15. MAIDEN NAME Socialis Establis	23. It death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jacoby Strong 16. BIRTHPLACE (city or town) Suddenswiller	Accident, suicide, or homicide? Date of Injury19
(State or country) Tuaryloud	Where did injury occur?
17. INFORMANT Mers. L. Henryes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION, OB REMOVAL	Menner of Injury
Place Selles wille Deta Del. 6)	19.3.6 Nature of Injury
0 7/2 9 +	24. Was disease or injury In any wey related to occupetion of deceased? W
19. UNDERTAKER (Address)	If so, specity
12 20 21 1, NAT	(Signed) and hurth
20, FILED 4-47 , 1926 /m U Tung	
Kegi	istrar. (Address) Alexhore M.

IARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.

Jo

Exact statement

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

FION is very important.

FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis JAN 6 1937	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis			1 week ago
Chronic interstituti nephruis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the solid before the solid and the solid			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

	CERTIFICATE OF DEATH 12396
1. PLACE OF DEATH	93-2
County Caroline	Registration Dist. No. 64
Village or City Federalsburg	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 55 yrsmos	t death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sallie Turner	If U. S. Veteran, specify WAR
(a) Residence: No. Federal shurg, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	December 28", 1936 (Month) (Pay) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) Wife of William Turner	22. I HEBEBY CERTIFY, Thet I attended decesed from
A DATE OF BIRTH (th d d) DONE 11 Plane TOCO	I lest saw here alive on Loca-Reg 28, 1996; death is said
6. DATE OF BIRTH (month, day, and year) Day unknown 1869 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at I.I. = 30 mP . M .
66 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
9 Trade profession or porticular	were as follows:
SAWYER, BDDKKEEPER, etc House work was done, as SFINNER, SAWYER, BDDKKEEPER, etc House work was done, as SILK MILL, SAW MILL, BANK, etc Wn home 10. Date deceased last worked at this occupation (month and the property in this securation of the same thing the same time (yeers)	Cornery Tkress boses 12/11/26
9. Industry or business in which	96.46
work wes done, as SILK MILL, Own home	
	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Caroline Co. (State or country)	- A A A A A A A A A A A A A A A A A A A
	- Chronic Myseulius 1/35/
14. BIRTHPLACE (city or town) Caroline Co.	
(State of country)	Name of operation
15. MAIDEN NAME Selena Ross	23. If death wes due to external cadses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Selena Ross 16. BIRTHPLACE (city or town) Sussex Co. (State or country) Del.	Accident, suicide, or homicide?, 19, Where did Injury occur?
17. INFORMANT William Turner (Address) Federalsburg, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	Manner of Injury
Plece Federal sburg, Md Date Dec. 311, 1936	Nature of Injury
19. UNDERTAKER J.J. Framptom & Son. (Address) Federal sburg, Md.	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED lec. 29, 1936 5. 5. Franktom.	(Signed) Uprante M. Clydesson. M. D. (Address) Decle al leser q M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4 1031			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year